

more than eight years, we have shifted the post-graduates who are working in Health Services to the Directorate of Medical Education and we have issued the Government Order transferring from one cadre to other. With this, most of the vacancies numbering more than 65 will be filled up. My hon'ble friend Sri K. Bhaskar Naidu has stated about the education. Sir, for filling up the posts of Professors and Assistant Professors, we have to follow certain standards and norms and unless those standards and norms are followed, it will be difficult for us to fill up these posts. Also, we have paucity for getting persons to fill these posts since some of them are the direct recruits from the Karnataka Public Service Commission. Hence we have not been able to fill up these posts. The Hon'ble Member has said about the sub-standard medical education. He has also said about the wrong prescriptions given by the doctors. I do not know as to what happened in the past. But we are very perticular about maintaining standard in the medical education and how to improve it further. My friend Sri K. Baskar Naidu made a mention about spirit being not supplied for giving injections in the Legislators Home. I doubt very much as to whether it is a fact. If it is a fact, I will take serious note of it.

SRI K. BHASKAR NAIDU.—Sir, I am very sorry. I have made this statement with all the seriousness and with all the truth behind that. I am not here to bluff something and get out. I was the man who went for injection in the Legislator's Home and I was told that there is no spirit. I had to come back to my room without getting injection. The next day I complained to you and also to the Health Minister. I was told that water is used in place of spirit for injection. If the Hon'ble Minister for Health wants to defend, I am sorry.

SRI A. K. ABDUL SAMAD.—It is not the question of defending. I was about to complete my words. If what the Hon'ble Member has stated is a fact, I am going to take serious note of it. I will see that substantial money is given for drugs and other supplies not only in the Legislators' Home Dispensary but also to all the Health centres and units. I will take serious note of these things and if such things are repeated again, the concerned Doctors will be punished.

re : spreading of encephalitis

SRI A. LAKSHMISAGAR.—Sir, I am sorry I was not present here when you called my name.

I call the attention of the Hon'ble Health Minister about the spreading of dreadful disease Encephalitis in several parts of our State, particularly in Kolar district.

SSI A. K. ABDUL SAMAD (Minister for Health).—Sir, I may be permitted to make the following statement.

This disease which is very much in the news is not restricted to any one part of country. Cases of this disease are also reported from other southern States like Tamilnadu, Andhra Pradesh, North East India, etc.

It is a seasonal mosquito borned disease caused by a virus. The infection is transmitted by a particular group of mosquitos (Culex Vishnui Group) and maintained in animal hosts like pigs, birds, cattle and horses. Natural cycle of 'Bird-mosquito-bird' or 'Pig-mosquito-Pig' only accidentally involves man. In the cycle of Japanese Encephalities, man is a dead-end of the disease. Man to man transmission does not take place. Changes in the environment like heavy rainfall leading to creating of mosquito breeding places are mainly responsible for the spread of the disease. The mosquitoes which are responsible for this disease breed heavily in paddy fields and also in stagnant water sources like ponds and tanks. The disease known as Encephalitis is commonly prevalent throughout the year. This does not break out in epidemic form whereas Japanese-B-Encephalitis usually occurs in epidemic form. The signs and symptoms are almost similar. The diagnosis has to be made by specialised staff and equipments. However the treatment remains mostly symptomatic.

The first case of Japanese Encephalitis in the State was reported from Chintamani taluk on 7-10-1979. By the end of 1979, a total number of 911 cases spread over in 13 districts with 226 deaths were reported. Kolar was the worst affected district.

During the year 1981, a total number of 837 attacks with 236 deaths were reported. During this year also Kolar was the worst affected district.

As at present, there is no known specific treatment against this disease and no effective vaccine is available. Only symptomatic treatment is available. However, with the available knowledge and with a view to check the spread of disease, the following measures have been undertaken :—

- 1) All the houses in the affected areas were sprayed with BHC.
- 2) Malathion fogging was done in the affected towns and Malathion mist blowing was done in the affected villages.
- 3) Health education about anti-mosquito measures and use of mosquito repellants was intensified.

4) Treatment was given on the lines recommended by the Indian Council of Medical Research and a treatment chart was printed and distributed among all the medical institutions ;

5) Educational materials like posters, folders were printed and made available to all the P.H.C's P.H.U's, Medical Sub-Centres Village Panchayats and educational institutions. The peripheral health workers were requested to intensify health education activities and to keep a strict watch so as to detect suspected cases early. All such cases were referred to the nearest health institutions for treatment which were fully equipped to treat the cases.

6) All the Deputy Commissioners in the State were requested to advise the local bodies to enforce strictly the provisions of the concerned statutes to segregate pigs piglets and intensify ante-mosquito measures ;

7) The services of volunteers like National Social Service (NSS) All School Teachers and students were also utilised to educate the public regarding segregation of pigs, elimination of mosquito breeding place and to co operate with the Health Department staff in taking measure like spraying of houses with insecticides, reporting of all cases and transportation of patients to the nearest medical institutions.

For taking effective treatment, the staff of the Health Department was oriented about the signs, symptoms, treatment and rehabilitation of the patients.

Though this disease is called Japanese Encephalitis, a vaccine procured from Japan did not prove effective in Karnataka and other parts of India and as such the Government of India have taken steps to manufacture the vaccine at Kasouli in Himachal Pradesh with the local strains of virus and it is hoped that this vaccine would be available shortly and will prove beneficial in checking the disease.

At the State level, a Zoonoses Committee with representatives from the Departments of Health, Animal Husbandry and teaching institutions such as Medical and Veterinary Colleges has been constituted to plan and to suggest measures to check the disease. In addition to this Committee a Technical Committee consisting of top officers of Health and Veterinary Departments is constituted for taking decisions at various levels to implement the containment measures.

As already stated, there is no known proved remedy for this disease and such intensification of health education regarding segregation of pigs, anti-mosquito measures and prompt and timely treatment is given priority. The Field Unit of National Institute of Virology,

Pune, which is located at Bangalore, the specialist staff of National Institute of Mental Health and Neuro Science, Bangalore, specialist staff of Bangalore Medical College and the staff of the Department of Health & Family Welfare Services of Government of India and the State were actively involved in investigation and treatment of this disease.

To take care of the crippled children, physiotherapy units will be started in the affected districts.

With these consistent efforts of the scientists, the day may not be far off when a proved vaccine along with the enlightened public will be able to control the disease effectively.

SRI A. LAKSHMISAGAR.—Sir, the Hon'ble Minister's statement makes a dull reading. He has only catalogued the so called steps appear to have been taken by the Department in various places particularly in Kolar. But the report from the Press indicates that the steps taken by the Government were not adequate, the drugs supplied were not adequate, and also the money that was said to have been spent was also not adequate.

MR. SPEAKER.—It has been made clear that at present there is no specific treatment against this disease.

SRI. A. LAKSHMISAGAR.—Sir, it has been indicated thrice in the statement, but that will not solve the problem. I am only placing the grievances of the people who are affected by this dreadful disease. If the Government says that there is no known effective remedy for containing this disease I am at a loss. We must do something.

MR. SPEAKER.—This has come to the notice of the Government as early as 7-10-1979 and we are in 1982. The department should have taken action.

SRI A. K. ABDUL SAMAD.—Speaker Sir, the vaccine is manufactured in Himachal Pradesh.

MR. SPEAKER.—You are giving the present position. But the point is, it has come to the knowledge of the Government and the Department as early as 7-10-1979. As such steps should have been taken.

ಶ್ರೀ ಜೆ. ಎಚ್. ಪಟೇಲ್.—ಕಾರಣ ಇಷ್ಟೆ. ಮಿದುಳು ಇದ್ದ ಜನರಿಗೆ ಆ ಕಾಯಿಲೆ ಬರುತ್ತದೆ. ಮಿದುಳು ಇದ್ದರೆ ತಾನೆ ಇವರಿಗೆ ಏತಕ್ಕೆ ಆ ಚಿಂತೆ? ಮೂರು ವರ್ಷಗಳಿಂದ ಅದರ ಬಗ್ಗೆ ಚಿಂತೆ ಮಾಡಿಲ್ಲ ಅಂದರೆ ಇದು ಹೊಣೆಗೇಡಿತನ ಅಗುತ್ತದೆ.

SRI A. LAKSHMISAGAR.—Sir, it is not as simple as that either. Kindly bear with me, Sir, both children and adults are affected. When it first occurred in 1979 the general impression was that this dreadful disease will appear only during Summer season and it would generally affect the children. Now it has not only spread to other areas, but it has affected adults also. There are hundreds of cases who are affected by this disease in rural areas where poor parents could not take their children to hospitals. The Government has not ascertained their number also.

MR. SPEAKER.—We are not concerned with their number. We are concerned with the availability of the medicines. Since we have got no known medicine, their number may increase.

SRI A. LAKSHMISAGAR.—I am trying to emphasize the seriousness of the matter by making a reference to it. What effective steps have been taken? It is also known that this dreadful disease completely cripples the children. What measures the Government have thought of in providing relief to those crippled children? The Hon'ble Minister does not make any reference to it. "Preventive steps are being taken", this is what he has been saying. Three to four years is not a short period as you were kind enough to mention. They are playing with the lives of the people. If it is a disease which is being spread by flies, mosquitoes and birds, they must find some method at least to contain this disease if not eliminated. In spite of what you have been able to do, admittedly it is spreading to other areas. This is the seriousness of the problem.

MR. SPEAKER.—The hon'ble Minister has not hidden anything. He has put everything before the House.

SRI A. LAKSHMISAGAR.—He says it is spreading. The worst affected area is Kolar District and now it is spreading to Tumkur, Mandya and other areas. Even some cases were reported from Bangalore but the Corporation authorities said that those cases were from the periphery i.e., the areas adjoining Bangalore but the patients were admitted to the Hospitals within the City. I am only trying to draw the attention of the Government to the seriousness of the problem because larger and larger number of people are being affected. I want to know in particular what the Government has thought about the crippled children and other disabled persons as a consequence of affection of this disease?

MR. SPEAKER.—The hon'ble Minister has mentioned it on page four that to take care of the crippled children, physiotherapy units will be started in the affected districts.

SRI A. LAKSHMISAGAR.—But it is a question of thinking of drawing schemes to go to help them throughout their life. They will not be able to do anything. What the Government has thought about these matters? As my friend said. ಮೆದುಳು ಇದ್ದವರಿಗೆ ಮೆದುಳು ಜ್ವರ ಬರುತ್ತದೆ.

ಅಧ್ಯಕ್ಷರು.—ಎಲ್ಲರಿಗೂ ಮೆದುಳು ಇರುತ್ತದೆ.

ಶ್ರೀ ಎ. ಲಕ್ಷ್ಮೀಸಾಗರ್.—ಮಾನ್ಯ ಮಂತ್ರಿಗಳು ಇಷ್ಟು ಉತ್ತರ ಕೊಟ್ಟರೆ ಸಾಕಾಗುವುದಿಲ್ಲ. ಈ ರೋಗದಿಂದ ಸಾಯುವುದನ್ನು ತಪ್ಪಿಸಲು ಏನೇನು ಕ್ರಮ ತೆಗೆದುಕೊಂಡಿದ್ದಾರೆಂಬುದನ್ನು ಮಾನ್ಯ ಮಂತ್ರಿಗಳು ತಿಳಿಸಬೇಕು. ನಂತರ ಮುಂದಿನ ಪ್ರಶ್ನೆ ಕೇಳುತ್ತೇನೆ.

ಶ್ರೀ ಎಂ. ಚಂದ್ರಶೇಖರ್.—ಊಜಿ ನೋಡಿದ ಹಾವಳಿ ಜಾಸ್ತಿಯಾದಾಗ, ಅದನ್ನು ತಡೆಗಟ್ಟಲು ಪರದೆ ಹಾಗೂ ಮೆಸ್ ಹಾಕುವ ಪದ್ಧತಿಯನ್ನು ಜಾರಿಗೆ ತಂದರು. ಇದರಿಂದ ಈ ನೋಣಗಳ ಹಾವಳಿ ಸ್ವಲ್ಪ ಕಡಿಮೆಯಾಯಿತು. ಅದೇ ರೀತಿ ಈ ಒಂದು ರೋಗ ಬಡಜನರಿಗೆ ಏನು ಬರುತ್ತಿದೆ.....

ಅಧ್ಯಕ್ಷರು.—ಇಲ್ಲಿ ಬಡವ ಬಿದ್ದ ಎಂಬ ಪ್ರಶ್ನೆ ಬರುವುದಿಲ್ಲ.

ಶ್ರೀ ಎಂ. ಚಂದ್ರಶೇಖರ್.—ಹಣವಂತರಾದರೆ ಸೊಳ್ಳೆ ಪರದೆಯನ್ನು ಕೊಂಡು ಉಪಯೋಗಿಸುತ್ತಾರೆ. ಆದರೆ ಹಳ್ಳಿಗಾಡಿನಲ್ಲಿರುವ ಬಡವರು ಏನು ಮಾಡಬೇಕು? ಅವರಿಗೆ ಕೊಳ್ಳುವ ಶಕ್ತಿ ಇಲ್ಲದ ಕಾರಣ ಬಡವರಿಗೆ ಸರ್ಕಾರದವರೇ ಅದನ್ನು ಒದಗಿಸಲು ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳಬೇಕು. ಇದರ ಜೊತೆಗೆ ಕೊಳಚೆ ನೀರು ಒಂದೇ ಜಾಗದಲ್ಲಿ ನಿಲ್ಲದಂತೆ ನೋಡಿಕೊಳ್ಳಬೇಕು ಮತ್ತು ನಿಂತ ನೀರಲ್ಲಿ ಸೊಳ್ಳೆಗಳು ಹುಟ್ಟಿದಂತೆ ನೀರಿಗೆ ಔಷಧ ಸಂಪದಿಸಲು ಏನಾದರೂ ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳುತ್ತಾರೆಯೇ ಎಂಬುದನ್ನು ಮಾನ್ಯ ಮಂತ್ರಿಗಳು ತಿಳಿಸಬೇಕು.

SRI ABDUL LATHEEF.—To the best of my knowledge, the disease is on the decrease. It was unfortunate that my District was the worst affected. But the Government has taken timely measures and it was almost on a war footing that this disease was fought. This disease is not only in Karnataka but the adjoining parts of Andhra Pradesh also. The Central Government and the State Governments, together are trying to find some solution. The preparation of vaccine is too scientific process and our Scientists are at it. I hope and believe that in the very near future we will find vaccine.

SRI A. K. ABDUL SAMAD.—For the kind information of this August House I would like to mention that in India we have this Japanese-B-Encephalitis in Uttar Pradesh, Bihar, West Bengal, Orissa, Maharashtra, Gujarat and in parts of Karnataka and Andhra, and in the neighbouring Country Bangla Desh. In Karnataka we have it in Kolar and some other places like Mandya, Tumkur, Chikaballapur B-llary and in Bangalore. This disease is certainly not confined to India or Karnataka alone. In other Countries like USA, Canada, Japan, Jamaica, etc. also this is in existence.

When these cases were reported from Chintamani, I want to that place along with the M.L.A. Sri Chowdareddy. The moment a baby gets fever, it will have to be brought to the Hospital where we supply necessary drugs adequately. It is a symptomatic treatment that is

given. There is no definite treatment. The vaccine is under preparation at Kasonli in Himachal Pradesh with the local strains of virus. Moreover it cannot be directly tested on human beings. So it takes another one or two years. Till then we give symptomatic treatment. We saw the entire area. The fever cases in the affected areas will have to be immediately reported to the Hospitals. But unfortunately what I saw was the local people do not take the children to the hospital for the first two or three days. They try their own method. By that time the children succumb to the disease. Every Village Panchayat was activated. They were told to utilise the Departmental vehicles or any Government vehicles the moment a case is reported and rush the patient to the hospital where we have adequate medicines. The present Director of Health and Family Welfare Dr. Chennappa went along with a team of Doctors including a Professor of Neurology from NIMHANS to see that the line of treatment is correct. As regards prevention we want to segregate piglets and for that purpose we want to have houses which contain some grills. It is under consultation with the Animal Husbandry Department. May be sooner or later some sizeable amount has to be invested. That action will also be taken. To put in a nutshell, the Government and the Department have not failed in any case to combat this disease. Right now, we have activated the Department to face the situation during the rainy season and we will see that preventive steps are taken.

SRI A. LAKSHMISAGAR.—One point he has missed. I want to know what steps the Government proposes to take to rehabilitate the children who have been crippled.

SRI A. K. ABDUL SAMAD.—In Bangalore, we have got the physiotherapy facilities. Even by this the children do not get cured, and permanently disabled, the Government will consider on humanitarian grounds such specific cases favourably.

LEGISLATIVE BUSINESS

Karnataka Agricultural Produce Marketing (Regulation) (Amendment) Bill, 1982.

Leave to Introduce

SRI SUDHENDRA RAO KASBE (Minister of State for Marketing and Muzrai).—I beg to move :

“That leave be granted to introduce the Karnataka Agricultural Produce Marketing (Regulation) (Amendment) Bill, 1982.”